

SPEECH THERAPY

Service Description

H052-KB

A service that provides evaluations, program recommendations and/or treatment/training in receptive and expressive language, voice, articulation and fluency.

This service provides ~~consultation/coaching to teams through~~ evaluation, ~~and ongoing~~ assessment, training, and/or treatment ~~to Division members and is designed~~ to maintain or improve participation and independence in the member's daily activities ~~in activities that support function~~. This service shall develop and train ~~memberseconsumers~~ and/or their caregivers in therapeutic activities in order for the member and caregivers to be able to implement the ~~and treatments designed to maintain or improve participation and independence in~~ activities throughout the member's day (such therapeutic activities are ~~referred to as a "home program")~~. Evaluation, assessment, training, and treatment are based on ~~that support functional~~ outcomes identified in the member's planning document [e.g., Individual Support Plan ("ISP")].

Service Requirements and Limitations

1. ~~This service is intended f~~For ~~memberseconsumers~~ over the age of three (3) years.
26. This service shall be provided with a parent/family member/caregiver/responsible person present and participating in the therapy session. Qualified Vendors shall refer to the Division's Provider Manual for guidance regarding participation during therapy sessions.
3. ~~T~~his service may be provided in the following settings:
 - 34.1 The ~~member's~~consumer's home;_;
 - 34.2 ~~The member's~~A community setting;_;
 - 34.3 A group home;_;
 - 34.4 A developmental home (child or adult);_;
 - 34.5 A skilled nursing facility;_;
 - 34.6 An Intermediate Care Facility ("ICF")~~MR~~_; ~~or~~
 - 34.7 The Qualified Vendor's office/center;_; or

~~3.8~~ ~~4. The therapist may provide direct services during A Day Treatment and Training~~ location as identified in the member's planning document under the following circumstances:

~~3.8.1 With as a component of training the Day Treatment and Training staff present and learning how to implement do activities to meet the memberconsumer's outcomes(s) and in conjunction with the home program, or~~

~~3.8.2 At the request of the member or member's representative and with the agreement of the Day Treatment and Training program. A parent/family member/caregiver/responsible person, other than Day Treatment and Training staff, must be present and participating. In this circumstance, the Day Treatment and Training program shall not bill the Division for the time in which the therapy is occurring.~~

~~24.~~ This service shall not be provided when the ~~memberconsumer~~ is hospitalized.

~~3. The therapist cannot provide direct services during the student's school hours.~~

~~3.1 A therapist may go to the school to observe, provide technical assistance and collaboration.~~

~~4. The therapist may provide direct services during day treatment and training as a component of training the day treatment staff how to do activities to meet the consumer's outcomes.~~

~~5. —This service shall utilize a The therapist delivers therapies according to the consultation/coaching process model and style of interaction to build the capacity of the member/family/caregivers to meet the member's planning document outcomes.~~

~~6. The therapist does not provide services without a responsible party present who participates in the therapy session.~~

~~67. —This sServices requires a Pprimary Ccare Pprovider ("PCP") or attending physician's order (i.e., prescription) and must be included in the member's individualized care plan. The care plan must be reviewed at least every 62 (sixty two) days. An evaluation does not require a prescription.~~

Service Goals and Objectives

Service Goals

~~1. 6.~~ To address the member's ~~unique skillsneeds~~ in the following areas:

~~16.1 Oral peripheral mechanism;~~

~~16.2 Feeding (eEating) (feeding);~~

16.3 Expressive and receptive Language levels (including social language and sign language);

16.4 Phonation/respiration/voice clarity;

16.5 Imitation, inner (cognitive) language, receptive and expressive language, sign language Fluency (stuttering);

16.6 Articulation; and

16.7 Equipment needs including training, adaptation and/or modifications for augmentative/assistive technology.

2. To support and enhance the member's consumer, family/caregiver's ability to promote the consumer's development and participation in family and community life by providing suggestions and opportunities that facilitate successful engagement in relationships, to participate in activities, routines, and events of everyday life.

32. To assist the member and the parent/family member/caregivers in focus on functional and meaningful outcomes for consumers that supporting the member's development their independence and participation to incorporate learning opportunities throughout the existing daily routine in their community through the activities that interest and fulfill them.

-Service Objectives

The Qualified Vendor shall ensure that the following objectives are met:

1. The therapist participates in, conducts or obtains an evaluation/assessment of the member consumer's development.

1.1 The evaluation/assessment addresses the concerns and questions of the member's planning team as identified in the member's planning document.

1.2 1.3 The evaluation is conducted by a qualified therapist personnel who are trained to use appropriate methods and procedures for the member consumer being evaluated.

1.3 1.4 The evaluation/assessment of the member consumer's development shall include:

1.3.1 (1) Aa review of pertinent records related to their member's current health status and medical history;

1.3.2 (2) Aan evaluation of their member's level of functioning and assessment of the unique needs of the member consumer;

~~1.3.3 (3) An~~ interview with the member and his/her consumer/parent/family member/ ~~and other~~ caregivers; using appropriate questionnaires;

~~1.3.4 Direct~~ observations by the therapist; and

~~1.3.5 Standardized tests and procedures (as appropriate)), direct observations and consultation with others to gather input regarding daily routines, supports, strengths and concerns.~~

~~1.2 Evaluation/assessment procedures must include consideration of the consumer's developmental capabilities across all domains (cognitive, physical, vision and hearing, communication, social-emotional and adaptive development) that impact the consumer's ability to (1) engage or participate, (2) develop social relationships, and (3) be independent.~~

~~1.3 The evaluation shall be conducted by qualified personnel who are trained to use appropriate methods and procedures for the consumer being evaluated.~~

~~1.4 Evaluation/assessment procedures and materials selected must be administered in the native language of the consumer and/or caregivers or other effective mode of communication, unless it is clearly not feasible to do so, and the process and materials may not be racially or culturally discriminatory.~~

~~1.45~~ The evaluation/assessment must result in written evaluation ~~R~~reports. The reports shall:

~~1.4.1 A~~address the concerns and questions ~~of that~~the member's planning team;

~~1.4.2 Recommend~~ generates in initiating an evaluation/assessment, address the outcomes and strategies for the member's planning document in the ISP;

~~1.4.3 Recommend a home program and include documentation of how therapeutic activities are to be~~ incorporated into the member's consumer's daily routine; and

~~1.4.4 Document~~ The report may include other recommendations, as identified, such as equipment needs.

~~1.5 1.6~~ The therapist reviews and discusses evaluation/assessment results with the member/ member's representative consumer/family and other planning team members.

2. The therapist participates on the member's planning team by:

~~2.1 Assists the consumer and/or the family in identifying their priorities, resources and interests. 3. The therapist as a member of the team, C~~collaborating and consults with the planning ISP team to ensure that all services, supports, and strategies are coordinated and focus on assisting the member's consumer/family and ~~other his/her~~ parent/family member/caregivers to participate in desired activities.

~~Techniques or modalities should support one another and not contraindicate each other.~~

2.2 ~~to R~~reviewing and synthesizing information from all assessments, evaluations, pertinent records, ~~member~~consumer and family reports, observations, and other sources of information.

2.3 ~~2.2.1 The ISP team will i~~dentifying potential outcomes to be incorporated into the ~~member~~consumer's ~~planning document~~daily activities.

2.4 Identifying potential strategies/teaming methodologies to meet the therapy outcomes.

2.5 ~~5.1 The therapist, as a member of the team, D~~documentsing and reportsing progress toward therapy outcomes ~~systematically and use this information to develop, review, and evaluate the plan.~~

3. ~~4. The therapist/therapy assistant provides~~ intervention, treatment, and training ~~when 2. Collaborates with~~ consumers/families, caregivers, support coordinators, and other professionals ~~skills are required to develop and implement~~ outcomes/ objectives/goals of the member's ~~the planning document~~ Individual Support Plan (ISP).

~~2.2.2 The ISP team will identify the supports and strategies that will assist the consumer/family to incorporate therapeutic activities into their daily routines. The team shall ensure that all strategies developed with the family and caregivers are (1) relevant to the consumer's/family's priorities, resources, and concerns;(2) directly linked to the consumer's daily routines; and (3) based on a holistic understanding of the consumer's life.~~

~~2.2.2.4. The therapist shall~~develops, trains, and monitors ~~writes~~ a home program for the member that:

4.1 ~~Ce~~ontainsing specific activities that the ~~member and his/her~~therapist has trained the parent/family member ~~/and caregivers can~~ ~~to~~ do each day to help the member to meet the consumer's ~~his/her~~ outcomes.

4.2 Is part of the member's daily routines;

4.3 Is reviewed by the therapist with the parent/family member/caregiver and updated by the therapist as part of all treatment sessions; and

4.4 Is documented in each quarterly report including progress, oversight, changes, and/or additions.

4. ~~The therapist uses professional skills to provide intervention, treatment and training to implement outcomes/objectives/goals of the ISP.~~

5. When therapy is no longer reasonable and necessary on a regular basis, a therapist shall assess and establish a functional maintenance program for the member to achieve the outcomes.

~~The therapist attends and contributes as necessary to the ISP meeting and ongoing reviews of the therapy related outcomes.~~

- 5.1 The therapist shall reassess and revise the maintenance program as needed. The therapist, as a member of the team, documents and reports progress toward
~~therapy outcomes systematically and uses this information to develop, review and evaluate the plan.~~

~~5.2 The therapist maintains contact notes for each session and provides them to the Divison as requested.~~

6. Discharge planning is assessed throughout service delivery.

~~The therapist completes or obtains an evaluation/assessment of the consumer's skills and needs in the following areas:~~

~~6.1 Oral peripheral mechanism,~~

~~6.2 Feeding,~~

~~6.3 Current language levels,~~

~~6.4 Phonation/respiration,~~

~~6.5 Imitation, inner (cognitive) language, receptive and expressive language, sign language,~~

~~6.6 Learning style, articulation and equipment needs, and~~

~~6.7 Equipment needs including adaptation and/or modifications for augmentative/assistive technology.~~

~~7. The therapist cooperates with the support coordinator to ensure that the ISP for this service includes:~~

~~7.1 Identification of the appropriate service delivery setting;~~

~~7.2 How progress on the ISP functional outcomes will be measured;~~

~~7.3 Methodologies and strategies for teaching family and caregivers how to use therapeutic activities to improve consumer outcomes; and~~

~~7.4 The potential for the consumer to develop natural supports and non-paid relationships to acquire or maintain skills that can assist the consumer to obtain~~

~~maximum benefit from therapy intervention.~~

Service Utilization Information

~~For consumers over age three (3):~~

~~1. The member's planning document~~ outcomes identified in the need for ISP shape the evaluation and assessment, standards of service delivery, and the concerns, priorities and resources of the family/caregiver.

~~1.2.~~ The outcomes identified in the member's planning document support the model of service delivery.

~~2.3.~~ The member's planning ~~ISP~~ team determines who will assist the ~~family/caregiver and member/consumer~~ in attaining the outcomes.

~~3.4.~~ All planning ~~ISP~~ team members contribute to the discussion and documentation for types and frequency of services for the member and are not unilateral decision-makers.

~~4.5.~~ The therapist follows a physician's order (i.e., prescription) for the frequency and duration of services for the member.

~~65.~~ —Services for the member are time-limited, and are revised consistent to reflect with ongoing assessment and attainment of anticipated outcomes.

~~57.~~ Service delivery methods, times, days, and -locations are flexible and meet the requirements of the member, the member's representative, consumers and his/her/their parent/family member/caregivers ~~as appropriate.~~

~~8. 6.~~ The therapist makes recommendations for needed equipment, possible adaptations, and ~~and~~ repairs and supports the member and his/her parent/family member/caregivers in its use.

~~8.1~~ The therapist ~~monitors~~ any equipment that supports the member's outcomes related to their disciplines as appropriate.

Rate Basis

1. Published. The published rate is based on one (1) hour of direct service.

2. Throughout the term of the contract, the appropriate billing codes, billing units, and associated billing rules are subject to change. All billing codes and billing units, and associated billing rules will be included in the Division's Policies and Procedures Manual, Billing Manual, *RateBook*, and/or other provider resources made available by the Division.

Direct Service Staff Qualifications

1. The Qualified Vendor shall ensure that all direct service providers (therapists and therapy assistants) meet all applicable licensure requirements in order to provide therapy services, including:

- 1.1 Speech Therapy services must be provided by:

- +1.1.1 A qualified Speech-Language Pathologist or Speech-Language Pathology Assistant ("SLPA") that holds a license issued by the Arizona Department of Health Services ("ADHS") pursuant to Arizona Revised Statutes ("A.R.S."), Title 36, Chapter 1940, or

- 1.1.1.1 A Speech-Language Pathologist utilizing a licensed Speech-Language Pathology Assistant must adhere to the supervision licensure requirements from A.R.S. § 36-1940.01(E), (F), and (G).

- +1.1.2 A Speech-Language Pathologist who has temporary license from ADHS and is completing a clinical fellowship year ("CFY"). He/she must be under the direct supervision of an American Speech-Language-Hearing Association ("ASHA") certified Speech-Language Pathologist. Arizona Health Care Cost Containment System ("AHCCCS") registration will be terminated at the end of two (2) years if the fellowship is not completed at that time.

- ~~3. Laws 2006, Chapter 390, created Arizona Revised Statute (A.R.S.) § 36-1940.04 for licensing Speech-Language Pathologist Assistants (SLPA) to be supervised by licensed Speech-Language Pathologists (SLP). The final rule (R9-16-501 *et seq.*) was published December 25, 2009 in the Arizona Administrative Register and became effective on February 1, 2010.~~

- ~~4. SLPAs shall, prior to service delivery:~~

- ~~4.1. Be licensed by ADHS.~~

- ~~4.2 Obtain an AHCCCS provider identification number from AHCCCS Provider Registration.~~

- ~~4.3 Prior to applying for an~~

- 1.2 Each Speech-Language Pathologist and Speech-Language Pathology Assistant shall have a ID number, the licensed SLPA must obtain their National Provider Identification ("NPI"). NPI numbers may be obtained through <http://www.azahcccs.gov/commercial/NPI/obtain.aspx>. Information related to AHCCCS Provider Registration, including a registration packet, may be obtained at <http://www.azahcccs.gov/commercial/ProviderRegistration/registration.aspx>.

2. The Qualified Vendor and/or appropriate staff shall attend administrative meetings, orientation, and various trainings required by the Division.

- 4.4 — ~~Claims for services provided by an SLPA must include the individual provider's AHCCCS Provider Identification Number and NPI.~~
- 4.5 — ~~A Speech Therapist may not be listed as the treating provider if the service was provided by the SLPA.~~
- 5. — ~~Claims for services provided by an SLPA must include the individual provider's AHCCCS Provider ID Number and NPI.~~
- 6. — ~~A Speech Therapist may not be listed as the treating provider if the service was provided by an SLPA.~~

Recordkeeping and Reporting Requirements

- 1. The Qualified Vendor shall submit an evaluation report to the member's Support Coordinator, the member/member's representative, and the PCP within three (3) weeks of the completion of the evaluation.
 - 1.1 The content of the evaluation report shall include, at a minimum, the Division's therapy evaluation reporting requirements as identified on the Therapy Assessment/Evaluation Report form will adhere to the Division's therapy reporting requirements.
- 2. The Qualified Vendor shall ensure that the therapist maintains contact notes for each therapy session and submits the notes to the Division as requested.
- 3. ~~2.~~ The Qualified Vendor shall submit a quarterly individualized progress report on the member to the Division, the member/member representative, and the PCP ~~within 15 (fifteen) days of the end of the quarter.~~ The quarter is based on the calendar year and the reports are due no later than the fifteenth (15) day following the end of the quarter. The Qualified Vendor shall refer to the Division's Provider Manual for guidance on report due dates and minimum content of the reports. ~~member's annual planning cycle. The first quarterly progress report is due no later than the fifteenth (15th) day following the end of the quarter in which the service is initiated. Subsequent quarterly progress reports are due no later than the fifteenth (15th) day following the end of the quarter.~~
 - 3.1 The content of the report shall include, at a minimum, the will document the relationship between the service and the outcome it is intended to achieve as identified on the ISP and adhere to the Division's therapy quarterly progress reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.
- 4. ~~8.~~ The Qualified Vendor shall submit a discharge summary report to the member's Support Coordinator, the member/member's representative, and the PCP no later than the tenth (10th) business day after closure of services or a change of a Qualified Vendor.

- 4.1 The content of the report shall include at a minimum, the Division's discharge summary reporting requirements as identified on the Division's Quarterly Therapy Progress/Discharge Report form.
- ~~4. In order to continue the service, the Qualified Vendor shall review and document in each quarterly report the progress that has been made toward outcome(s), including the strengths and challenges of the consumer, family, caregivers or others.~~
5. ~~3.~~ The Qualified Vendor ~~shall~~must maintain daily records on file as proof of the number of hours worked by ~~each~~their direct service staff; (therapists/therapy assistants) providing direct service to members.
- 5.1 ~~e.g., staff time sheets.~~ Each time sheet, ~~or~~ equivalent document, or data system must contain the original signature or other independent verification (that complies with A.R.S. § 41-132) of the ~~be signed by the member~~consumer/family/member~~consumer's~~ representative after service delivery as confirming verification the of hours ~~worked~~served. Proof of hours worked must be signed or verified by the member/member's representative before the Qualified Vendor submits the claim for payment.
- ~~If the therapist is asking for verification of "on behalf of time," the consumer must be provided with detail as to those activities. "On behalf of" does not include report writing as that activity has been calculated as a factor in the published rate.~~
- ~~6. 5.~~ The Qualified Vendor shall maintain a copy of the member's current physician's order (i.e., prescription) for therapy services in the member's record.
- ~~76.~~ Upon initiation of service for the member and each month thereafter, the Qualified Vendor shall verify and update current information from about the member/parent/family/member/caregivers about the member~~consumer's~~ insurance coverage, Third Party Liability ("TPL") ~~from the consumer/family or caregivers.~~ Updated information shall be provided to the member's Support Coordinator in the method form requested by the Division ~~requests.~~
- ~~87.~~ The Qualified Vendor ~~shall~~will update provide and maintain updated information regarding about availability, capacity, and contact information in the Division's Therapy Directory as directed by the Division.
- ~~8. The Qualified Vendor shall submit a discharge summary within two (2) weeks after closure of services or a change of a Qualified Vendor.~~
9. The Qualified Vendor shall maintain data that demonstrates full compliance with all programmatic and contractual requirements of the Department and the Division.